



68 1645

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/709,785
Filing Date	November 3, 2000
First Named Inventor	Anne N. Murphy
Group Art Unit	1645
Examiner Name	Not yet assigned
Attorney Docket No.	660088 433C1

RECEIVED

JUN 13 2001

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> TECH CENTER 1600/2900
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Communication to Group
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> 7 Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure(s): (please identify below):
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name Stephen J. Rosenman, 43,058



00500

PATENT TRADEMARK OFFICE

Signature

Date

6/15/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name Shane F. Lambing

Signature

Date: 6/15/01